Office of Medicaid Policy and Planning Non-Emergency Medical Transportation Reports

Broker Name: Version: Report Name: Report Code: Code Citation: Southeastrans 2020.01 Missed Trips MO-MT IC 12-15-30.5-4 (a)(1)(B) i-iii

Note: Data reflects the status of the trip on the date of the scheduled *trip.*

Experience Period >>

<mark>04/01/2021 - 04/30/20</mark>21

| Trip Not Provided | To Appt. Legs | From Appt. Legs | Grand Total | Percent of Scheduled Rides |
|----------------------|---------------|-----------------|-------------|-------------------------------|
| Insufficient Notice | 9 | 10 | 19 | 0% |
| Agent Error | 65 | 82 | 147 | 0% |
| No Provider Assigned | 1,490 | 1,537 | 3,027 | 4% |
| Member No-show | 377 | 446 | 823 | 1% |
| Inclement Wthr/Mbr | 1 | 1 | 2 | 0% |
| Member Cancelled | 2,304 | 2,592 | 4,896 | 7% |
| Member Hospitalized | 189 | 201 | 390 | 1% |
| Member Deceased | 92 | 97 | 189 | 0% |
| Member Too Sick | 155 | 160 | 315 | 0% |
| Provider Too Late | 40 | 39 | 79 | 0% |
| Provider No-Show | 123 | 146 | 269 | 0% |
| Grand Total | 4,845 | 5,311 | 10,156 | 14% |